STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026-27	4265	California Department of Public Health

Hyperion Budget Request Name	Relevant Program or Subprogram
4265-077-BCP-2026-GB	4040010 – Emergency Preparedness

Budget Request Title
Hospital Bed Capacity System

Budget Request Summary
The California Department of Public Health requests $2.4 million in 2026-27 and in 2027-28 and $2.5 million in 2028-29 and ongoing from the State Department of Public Health Licensing and Certification Program Fund and the Internal Departmental Quality Improvement Account to support the Hospital Bed Capacity System which allows near real-time monitoring of hospital bed capacity to facilitate timely transfers and placement, support response operations during public health and medical emergencies, and reduce patient morbidity and mortality.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	N/A

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date
	N/A	N/A

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No. N/A **Approval Date:** N/A

Project Approval Document: N/A **Total Project Cost:** N/A

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Tricia Blocher	7/16/2025	Phuong La	7/23/2025
Department Director	**Date**	**Agency Secretary**	**Date**
Susan Fanelli	8/4/2025	Julie Souliere	8/29/2025

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☒ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

Principal Program Budget Analyst	Date submitted to the Legislature
Nina Hoang	1/10/2026

A. Problem Statement

The Center for Preparedness and Response (CPR) is responsible for coordination of preparedness, mitigation, response, and recovery efforts within the California Department of Public Health (CDPH). CPR oversees and carries out statewide planning for public health disasters and emergencies, distributing and monitoring funding for disaster planning at the local level, developing and maintaining a standard public health and medical emergency management system for local and state entities, operating the Medical and Health Coordination Center, and planning for the receipt, storage, staging, and distribution of public health and medical equipment, pharmaceuticals and other commodities through the State of California and from the Strategic National Stockpile.

CPR Intelligence Section is a hub for statewide public health and medical situational awareness, data collection, and data analytics. The Intelligence Section uses near real-time data sources and subject matter expertise to inform key internal and external stakeholders on past, present, and future public, medical, and environmental health priorities and threats.

In 2024, Assembly Bill 177 (Chapter 999, Statutes of 2024) authorized CDPH, in collaboration with the Department of Health Care Services, to contract or develop and administer a capacity data solution to collect, aggregate, and display information about the availability of hospital beds in specified entities.

California does not have a statewide hospital bed capacity system. Historically, counties have conducted manual polling of hospitals during emergencies to gain insight into bed capacity to perform essential functions like patient movement and patient load leveling when facilities are overwhelmed. The COVID-19 pandemic highlighted the need for accurate and timely hospital bed capacity data.

In 2024, CPR participated in the Hospital Bed and Emergency Medical Services Data System (HBEDS) pilot project. This pilot provided a statewide hospital bed capacity system and was funded by the federal government. HBEDS is a software subscription service that displays real-time staffed bed availability by bed type for participating General Acute Care Hospitals (GACHs) on a private dashboard that is accessible to participating hospitals, as well as local and state government officials. HBEDS is automated and pulls staffed hospital bed data from hospital Electronic Medical Records/Electronic Health Records (EHR) systems as opposed to the multitude of disparate existing bed-polling systems throughout the state that require manual data entry. This system also automatically reports data to the Centers for Disease Control and Prevention National Healthcare Safety Network (NHSN) on behalf of hospitals, which satisfies certain Center for Medicare & Medicaid Services requirements. During this pilot, California onboarded 60 GACHs, leaving 329 to onboard. Existing federal funding for the pilot program expires in 2025-26 and California will require resources to onboard any remaining GACHs from 2026-27 through 2028-29 and pay for licensing and user access costs for all 389 hospitals.

The loss in federal funding will limit CDPH's ability to continue to implement the HBEDS program. This proposal will provide ongoing resources for the HBEDS program.

Resource History – Center for Preparedness and Response

(Dollars in thousands)

Program Budget	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Authorized Expenditures	$2,589,975	$1,592,815	$51,582	$69,460	$45,547	$17,036
Actual Expenditures	$2,301,700	$1,589,956	$2,933	$66,981	TBD*	TBD*
Revenues	N/A	N/A	N/A	N/A	N/A	N/A
Authorized Positions	111.8	133.0	184.6	184.6	184.6	184.6
Filled Positions	111.8	115.4	140.7	148.5	TBD*	TBD*
Vacancies	0.0	17.6	43.9	36.1	TBD*	TBD*

*Projected figures are reported

Workload History

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Number of government staff hours spent polling hospitals	1,000	2,000	1,500	400	300	300
Number of hospitals participating in automated data collection	0	0	0	0	0	60

B. Justification

To continue the work of the pilot project, CPR requires funds for the onboarding of up to 329 GACHS and the annual software subscription fee. Establishing the data feed between hospital EHRs and the software subscription requires a one-time cost per hospital. The dashboard access and hosting requires an annual recurring cost. Additionally, CPR requires funds to onboard the COVID/flu/RSV module that provides real-time updates on hospitalization numbers for COVID/flu/RSV patients.

To support these efforts, this proposal requests the following resources:

Description	2026-27	2027-28	2028-29	2029-30 and ongoing
Hospital Onboarding Costs	$308	$117	$0	$0
Hospital Onboarding Costs for COVID/flu/RSV Module	$324	$81	$120	$0
Software Subscription Costs	$1,514	$1,906	$1,906	$1,906
Software Subscription Costs for COVID/Flu/RSV Module	$276	$345	$448	$565
Totals	**$2,422**	**$2,449**	**$2,474**	**$2,471**

*Dollars in thousands

C. Departmentwide and Statewide Considerations

This proposal aligns with several state priorities:

1. CDPH Strategic Plan 2025-30:

   Strategic Priority 2 Improve our Emergency Preparedness and Response:

   - Objective 1: Help CDPH workforce transition into emergency response to mitigate preventable health outcomes while maintaining core public health functions.
   - Objective 2: Lessen the effects of public health threats by planning for risks and support early detection of infectious, biological, chemical, environmental, and radiological agents.
   - Objective 3: Allow Californians to have the information and resources to reduce public health emergency effects and inequities.

   Strategic Priority 3 Embrace Data Modernization

   - Objective 1: Provide Californians accurate, high-quality, and timely public health data and services to advance equity, health and well-being across California.

2. California Health and Human Services Agency:

   - Guiding Principles to advance person-centered services and a California for All by driving action to address the health needs of our most vulnerable communities and populations.
   - Strategic Priorities to create an equitable pandemic recovery by being prepared to prioritize impacted populations, appropriately allocated resources, and respond to an emergency.

D. Outcomes and Accountability

The resources in this proposal will support the HBEDS system, allowing state, local, and health care entities to respond to public health emergencies. HBEDS will allow hospitals, local Emergency Medical Services (EMS), local government, and state government partners to have near real-time view of hospital bed capacity across the state. This will improve coordination between hospitals, EMS providers, and local health officials during mass casualty and medical surge events. Hospitals can immediately see which nearby participating facilities have bed availability and contact those facilities first to initiate a patient transfer, which can improve timeliness of patient transfers on a day-to-day basis. During emergencies, less hospital and local governmental staff time will be spent manually inputting bed availability into disparate systems and allow staff to focus on the emergency at hand.

Projected Outcomes

Workload Measure	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Number of government staff hours spent polling hospitals	300	150	100	20	0	0
Number of hospitals participating in automated data collection	60	280	359	389	389	389

E. Implementation Plan

ACTIVITY	TIMELINE
Onboard 79 General Acute Care Hospitals, begin NHSN reporting on their behalf, and display staffed bed availability on dashboard.	Oct 2026-Sept 2027
Onboard 30-79 General Acute Care Hospitals, begin NHSN reporting on their behalf, and display staffed bed availability on dashboard.	Oct 2027-June 2028
If necessary, onboard remaining GACHS, 79-171, begin NHSN reporting on their behalf, and display staffed bed availability on dashboard.	July 2028-June 2029
CDPH to establish stakeholder committee and develop system use guidelines.	August 2025- Sept 2026

F. Supplemental Information

Attachment A: Fiscal Detail Sheet

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Support for Hospital Bed Capacity System

BR Name: 4265-077-BCP-2026-GB

Budget Request Summary

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5340 - Consulting and Professional Services - Interdepartmental	0	2,422	2,449	2,474	2,471	2,471
Total Operating Expenses and Equipment	**$0**	**$2,422**	**$2,449**	**$2,474**	**$2,471**	**$2,471**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$2,422**	**$2,449**	**$2,474**	**$2,471**	**$2,471**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 3098 - State Department of Public Health Licensing and Certification Program Fund	0	1,211	1,225	1,237	1,236	1,236
State Operations - 3477 - Internal Departmental Quality Improvement Account	0	1,211	1,224	1,237	1,235	1,235
Total State Operations Expenditures	**$0**	**$2,422**	**$2,449**	**$2,474**	**$2,471**	**$2,471**
Total All Funds	**$0**	**$2,422**	**$2,449**	**$2,474**	**$2,471**	**$2,471**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
4040010 - Emergency Preparedness	0	2,422	2,449	2,474	2,471	2,471
Total All Programs	**$0**	**$2,422**	**$2,449**	**$2,474**	**$2,471**	**$2,471**